

Certification and Accreditation (C&A)

System Title: _____

System ID# : _____

Security Plan Date: _____

Approval of Security Plan: _____ **Date:** _____
(Type name)

Line Office IT Security Officer Certification: Security measures for this IT system appear to be appropriate and in accordance with Federal, DoC, and NOAA policies, regulations, and standards. All required documentation has been submitted and reviewed. Vulnerability scans have been conducted and reviewed. I recommend that this system receive full accreditation.

Signature: _____ Date: _____
(Type Name) Information Technology System Certifier

Request for Accreditation: As the System Owner, I certify that the technical, managerial and operational evaluation of this system meets its security requirements. I have ensured that this system plan is in full compliance with all DOC/NOAA/LO IT Security Policies and identifiable risks have been examined and mitigated. Any exceptions have been authorized and documented in the security plan. I understand that accreditation is valid for three years unless there is a significant change affecting the security posture of the IT system covered under this statement. Appropriate actions will be taken to maintain a level of security consistent with the requirements for this accreditation.

Based on the information provided in the System Security Plan, I request accreditation.

Signature: _____ Date: _____
(Type Name) System Owner

Accreditation Approval: Office of Management and Budget (OMB) Circular A-130, Appendix III, *Security of Federal Automated Information Resources*, requires that management officials authorize in writing the use of systems based on adequate implementation of system security plans. As the assigned Designated Approving Authority I have carefully reviewed the attached IT system security plan together with the findings and recommendations of a risk assessment and self-assessment. Having weighed risks against operational requirements, I authorize (accredit) this system for use in the intended operational environment.

Designated Approving Authority (DAA) Name: _____

(Type or print name of DAA)

Signature: _____ Date: _____